LAWRENCE PARKS & RECREATION

ACTIVITIES REGISTRATION
Lawrence Parks and Recreation, 1141 Massachusetts Street, Lawrence, KS 66044
(785) 832-7930 • Fax (785) 832-7938

FOR RECREATION USE ONLY Date:
☐ Cash ☐ MC ☐ VS ☐ Check # _____ Registrar _____ Loc. _____

HOUSEHOLD INFORMATION

(PLEASE PRINT)

First Name _____ Last Name _____ Sex: ☐ Male ☐ Female

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

E-mail _____

Secondary / Emergency Contact _____ Phone _____

☐ **YES!** I would like to make a donation to the LPRD scholarship fund. Amt: $ _____

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Lawrence, Kansas, from any and all liability arising from accident, injury and illness that I (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless City of Lawrence, Kansas and its employees from any and all claims resulting from injuries, damages, and losses sustained by me (and/or my child/children) arising out of, connected with, or in any way associated with the activity. In the event of emergency, I authorize City officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City facilities, equipment or materials occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or the participant(s) authorize the City to use at its discretion any photograph(s) (black/white or color and video footage) taken of participants while participating in City programs and activities for marketing in print or by electronic means. Registration is not valid without signature. For faxed registration, signature provided by transmittal will stand as a valid signature and will be held as binding and will represent consent of waiver here within.

I HAVE READ AND UNDERSTAND THE WAIVER, REGISTRATION AND REFUND POLICIES

Signature required _____ Date _____

Please print name _____ **REGISTRATION INVALID WITHOUT SIGNATURE**

METHOD OF PAYMENT

☐ Check or Money Order (**Payable to: Lawrence Parks & Recreation Department**)

☐ Cash ☐ Mastercard ☐ Visa Exp. Date _____

Card No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name on Card _____

Signature _____

Participant(s) First Name	Participant(s) Last Name	Birth Date	Sex M/F	Class Code	Sec	Class Name	Fee	Start Date

DO YOU NEED SPECIAL ACCOMMODATIONS TO PARTICIPATE IN THESE PROGRAMS? ☐ **YES** ☐ **NO**

If Yes, please explain. _____

_____